

Table: ClientMain

QID	Question	Field Name	Mandatory	Multi Select	Responses	Go to QID
0	Agency	Agency	1			
0	Client ID	Client_ID	1			
1	Client Gender	Gender	1	0		
					Male	#REF!
					Female	2
					Transgender M to F	2
					Transgender F to M	2
					Other	2
					Unknown	2
2	Annual Dental Exam during study period?	AnnualDental	1	0		
					Referral done	3
					Documented Visit	3
					Reported Visit	3
					No	3
					Declined need	3
3	Was a MH Referral need identified (documented) during study period?	MHReferNeed	1	0		
					Yes	4
					Yes - Patient Already In Care	6
					No	6
					N/A - No MH Screen	6
4	Was MH Referral done during the study period?	MHReferDone	1	0		
					No	6
					Yes	5
					Refused	6
					Addressed by PCP	6
5	Was MH visit actually completed by patient?	MHVisit	1	0		
					Yes - Patient Report	6
					Yes - MH Specialist Report	6
					Yes - CM Report	6
					No - Visit Cancelled or No Show	6
					No - No Data	6
					N/A - Need Not Identified	6
6	Was a SA Referral need identified (documented) during study period?	SAReferNeed	1	0		
					No	8

					Yes	7
					N/A - No SA Screen	8
7	Was SA Referral done during the study period?	SASReferDone	1	0		
					No	8
					Yes	8
					Refused	8
					N/A	8
8	Is tobacco use indicated on health history during the study period?	TobaccoUse	1	0		
					No	10
					Yes	9
					N/A - No Tobacco Screen	10
9	Was tobacco cessation counseling provided?	TobaccoCess	1	0		
					No	11
					Yes	11
					Refused	11
					N/A	11
10	Does client currently have CD4 <200>	AIDSDI	1	0		
					Yes	11
					No	12
11	Was PCP prophylaxis offered:		1	0		
					Yes - On Prophylaxis	12
					No	12
					Refused	12
					N/A	12
12	Initial ART Rx?					
					Yes	13
					No	14
13	ART resistance testing done?		1	0		
					Yes	14
					No	14
					N/A	14
14	Is patient on ARV therapy during the study period?	ARVStudy	1	0		
					Yes - Started < 6 Months	15
					Yes - Started > 6 Months	15
					No - Not Offered	15
					No - Refused	15
					No Data	15

15	Was VL < 200 copies/ml on the last test during study period?	VL200Last	1	0		
					Yes	16
					No	16
					N/A	16
16	Annual & ARV Lab work: Lipid Profile screening	ARVLipid	1	0		
					Yes	17
					No	17
					Refused	17
					N/A	17
17	At least 2 VL counts done at least 6 mths apart within review period?	VL_6M	1	0		
					Yes	18
					No	18
					Refused	18
18	Syphilis test done during study period?	SyphScreen	1	0		
					Negative	22
					Positive	20
					No	22
					Refused	22
					N/A - Not Sexually Active	22
20	Was Syphilis treatment completed?	SyphTx	1	0		
					Yes	21
					No	21
					Refused	21
					N/A	21
21	After Syphilis treatment, was RPR/VDRL lab repeated?	SyphTxLabRepeat	1	0		
					Yes	22
					No	22
					Refused	22
					N/A	22
22	STD Screening done during study period?	STDScreen	1	0		
					Yes - Negative	24
					Yes - Positive CT	23
					Yes - Positive GC	23
					No	24
					Refused	24
					N/A - Not Sexually Active	24
23	Was STD treatment completed?	STDtx	1	0		

					Yes	24
					No	24
					Refused	24
					N/A	24
24	<b>ANSWER ONLY IF QID 2 IS FEMALE OR TRANSGENDER FEMALE TO MALE, IF NOT GO TO QID 26. PAP Screening: PAP smear done in last 3 years?</b>	PapScreen	1	0		
					Yes - Normal	26
					Yes - Abnormal	25
					No	26
					Refused	26
					N/A - Hysterectomy for Benign	26
					N/A - Male	26
25	For abnormal PAP, was a follow-up procedure done?	PapAbnFU	1	0		
					Yes - Gyn Referral	26
					Yes - Colpo Done	26
					No Referral	26
					No - Pt Refused	26
					No Data	26
26	Anal PAP Screening: Anal PAP done during the study period?	AnalPap	1	0		
					Yes - Normal	
					Yes - Abnormal	
					No	
					Refused	
27	Hepatitis A status Documented	HepA	1	0		
					Seronegative - Vaccine Series Not Completed	28
					Seronegative - Vaccine Series Completed	28
					Seronegative - Vaccine Refused	28
					Seronegative - Vaccine Not Offered	28
					Antibody +	28
					Hep A+	28
					No	28
					Refused	28
28	Hepatitis B status Documented	HepB	1	0		

					Seronegative - Vaccine Series Not Completed	29
					Seronegative - Vaccine Series Completed	29
					Seronegative - Vaccine Refused	29
					Seronegative - Vaccine Not Offered	29
					Antibody +	29
					Hep B+	29
					No	29
					Refused	29
29	Hepatitis C Status Documented	HepC	1	0		
					Seronegative	31
					Seropositive	30
					No	31
					Refused	31
30	Hepatitis C Treated?	HepCtx	1	0		
					Tx complete-cured	31
					Tx complete-pending	31
					Tx complete-failed	31
					In treatment	31
					Referred for Treatment	31
					N/A- acute infec only	31
					No	31
31	Tuberculosis (Tb) Screening: Was Tb screening done?	TBScreen	1	0		
					Yes - PPD Placed Only	33
					Yes - TST Positive	32
					Yes - TST Negative	33
					Refused	33
					No - Previous Hx of TB Treatment/+PPD	33
					No	33
32	For TB +	TBTx	1	0		
					Treatment Prescribed	33
					Referred for Treatment	33
					Refused Treatment	33
					No Data	33
					N/A	33
33	Immunizations provided: Influenza	FluVx	1	0		
					Yes	34

					No	34
					Refused	34
					N/A	34
					Vaccine not available	34
34	Immunizations provided: Pneumococcal	PneumoVx	1	0		
					Yes- PPV23	35
					Yes- PPV13	35
					Yes- both PPVs	35
					No	35
					Refused	35
35	Was medication education documented for current ARV regimen?	ARVMedEdu	1	0		
					Yes	36
					No	36
					N/A	36
36	Pt educated on HIV/AIDS Risk Reduction/Exposure Prevention?	EduHARisk	1	0		
					Yes	37
					No	37
37	<b>ANSWER ONLY IF QID 2 IS FEMALE OR TRANSGENDER FEMALE TO MALE.</b> Pregnancy intentions/birth control options discussed (in addition to condoms)?	PregBC	1	0		
					Yes - BC Prescribed	39
					Yes - BC Not Prescribed	39
					Yes - BC Refused	39
					Yes - Pt wants to conceive	38
					No	39
					N/A	39
					N/A - Male	41
38	Was preconceptional counseling provided (ARV, risk reduction, health promotion)?	Preconcep	1	0		
					Yes	39
					No	39
					N/A	39
39	Was client pregnant during the review period	Pregnant	1	0		
					Yes	40
					No	41
					N/A	41

40	If pregnant, was client on antiretroviral therapy during this review period	PregARV	1	0		
					Yes - Prior to Pregnancy	
					Yes - Started 1st Trimester	
					Yes - Started 2nd Trimester	
					Yes - Started 3rd Trimester	
					No - Referred for Treatment	
					No	
					N/A	
41	Medication adherence: visit 1	MedAdh1	1	0		
					Yes	42
					No	42
					N/A	42
					No Visit	42
42	Medication adherence: visit 2	MedAdh2	1	0		
					Yes	43
					No	43
					N/A	43
					No Visit	43
43	Medication adherence: visit 3	MedAdh3	1	0		
					Yes	44
					No	44
					N/A	44
					No Visit	44
44	Medication adherence: visit 4	MedAdh4	1	0		
					Yes	
					No	
					N/A	
					No Visit	
45	IPV identified?					
					Yes	46
					No	done
					N/A no screen	done
46	Safety assessment done?					
					Yes	47
					No	47
47	Safety Plan done?					
					Yes	done
					No	done
48	BG or HbA1c done?	BGHbA1c	1	0		

					Yes	49
					No	49
49	Is client diabetic?	Diabetic	1	0		
					Yes	50
					No	51
50	HbA1c <8%	HbA1c8	1	0		
					Yes	51
					No	51
51	Does client have hypertension?	Hypertension	1	0		
					Yes	52
					No	53
52	If Yes, is BP <140/90	HyperBP	1	0		
					Yes	53
					No	53
					No, >60, <150/90	53
					No, >60, >150/90	53
53	Is client >50 y.o.?	Age50	1	0		
					Yes	54
					No	done
54	Colon cancer screening done?	ColonScrn	1	0		
					colonoscopy	
					sigmoidoscopy	
					FOBT	
					CT colonography	
					Referred	
					No	
					N/A	
55	For females, is client >41 y.o.	Age41	1	0		
					Yes	56
					No	done
					n/a	
56	Mammogram done within 2 years?	Mammo	1	0		
					Yes	done
					No	done
					Referred	done



					N/A	done
57	Comments					